Annual Lifeline Eligible Telecommunications Carrier Certification Form

All carriers must complete all or portions of all sections Form must be submitted to USAC and filed with the Federal Communications Commission

IMPORTANT: PLEASE READ INSTRUCTIONS FIRST Deadline: January 31st (Annually)

| 219013 | |
|---|---|
| Study Area Code (SAC) | |
| (An Eligible Telecommunications Carrier (ETC) must provide a ce | rtification form for each SAC through which it provides Lifeline service). |
| Florida | T-Mobile South LLC |
| State | ETC Name |
| T-Mobile | T-Mobile USA, Inc. |
| DBA, Marketing or Other Branding Name (If same as ETC name, list "N/A" Do not leave blank) | Holding Company Name (If same as ETC name, list "N/A" Do not leave blank) |
| Does the reporting company have affiliated ETCs? | Yes V No 🗆 |
| | using page 4 and additional sheets if necessary. Affiliation shall be Act. That Section defines "affiliate" as "a person that (directly or indirectly) nership or control with, another person." 47 U.S.C. § 153(2). See also 47 |
| Affiliated ETC's SAC | Affiliated ETC's Name |
| See attached worksheet | |
| formation, or other similar legal document. An officer is laws (or partnership agreement), and would typically be p | of a position listed in the article of incorporation, articles of a person who occupies a position specified in the corporate by- resident, vice president for operations, vice president for finance, er is a sole proprietorship, the owner must sign the certification. |
| Section 1: Initial Certification All ETCs must complete to | his section |
| I certify that the company listed above has certification pro | ocedures in place to: |
| | ntation prior to enrolling a consumer in the Lifeline program, and is presented with documentation of each consumer's household her enrollment in Lifeline; and/or |
| B) Confirm consumer eligibility by relying upon access Lifeline administrator prior to enrolling a consumer in | s to a state database and/or notice of eligibility from the state the Lifeline program. |
| I am an officer of the company named above. I am auth above. | orized to make this certification for the Study Area Code listed |
| Initial CMM | |

Section 2: Annual Recertification

Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

| A | В | С | D | E = (A - B - C - D) |
|---|---|---|---|---|
| Number of subscribers claimed on February FCC Form 497 of current Form 555 calendar year (February data month) | Number of lines claimed on February FCC Form 497 of current Form 555 calendar year provided to wireline resellers | Number of subscribers claimed on the February FCC Form 497 that were initially enrolled in the current Form 555 calendar year (These subscribers did not have Lifeline service prior to January 1 of the current 555 calendar year.) | Number of subscribers de-enrolled <u>prior</u> to recertification attempt by either the ETC, a state administrator, access to an eligibility database, or by USAC | Number of subscribers ETC is responsible for recertifying for current Form 555 calendar year |
| 3283 | 0 | 1059 | 125 | 2099 |

Recertification Results:

| F | G | H = (F-G) | I | J = (H+I) |
|---|--|---|--|--|
| Number of subscribers ETC contacted directly to recertify eligibility through attestation | Number of subscribers responding to ETC contact | Number of non- responding subscribers | Number of subscribers responding that they are no longer eligible (This should be a subset of Block G.) | Number of subscribers de- enrolled or scheduled to be de-enrolled as a result of non-response or response of incligibility from ETC recertification attempt |
| 2099 | 749 | 1350 | 0 | 1350 |

| K | L |
|---|--|
| Number of subscribers whose cligibility was reviewed by state administrator, ETC access to eligibility database, or by USAC | Number of subscribers de-enrolled or scheduled to be de-enrolled as a result of finding of ineligibility by state administrator, ETC access to eligibility database, or USAC |
| 0 | 0 |

Note: If any subscriber was reviewed by an ETC accessing a state database or by a state administrator and subsequently contacted directly by the ETC in an attempt to recertify eligibility, those subscribers should be listed in Blocks F through J as appropriate and not in Blocks K and L. As a result, all subscribers subject to recertification who were not de-enrolled prior to the recertification attempt must be accounted for in Block F or Block K.

The total of Block F and Block K should equal the number reported in Block E.

Certification:

Based on the data entered above, initial the certification(s) below that apply. Both Certification A and B may apply depending on the recertification procedures in place for the SAC reporting on this form. If Certification C applies, neither Certification A nor B may apply.

AND/OR

| B.) | I certify that the comp | oany listed above has proce | dures in place to rece | ertify consume | er eligibility by rel | ying on: |
|-----|----------------------------|-----------------------------|------------------------|----------------|-----------------------|---------------------|
| | (List database or name of | administrator here)* | | Results are | provided in the | chart above in |
| | Blocks K through L. | I am an officer of the com | pany named above. | I am authorize | ed to make this ce | rtification for the |
| | SAC listed above. | *notice of eligibility fro | om the FL OPC for | income and | the FL PSC for o | qualifying progran |
| | SAC listed above. Initial | participation | OP | | | |

C.) I certify that my company did not claim federal low income support for any Lifeline subscribers for the February Form 497 data month for the current Form 555 calendar year. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.
Initial _______

Section 3: De-enroll Percentage

Using the data entered in Section 2, complete the chart below to find the percentage of subscribers de-enrolled for this ETC.

| $\mathbf{M} = (\mathbf{F} + \mathbf{K})$ | N = (J+L) | $O = ((N \div M) * 100)$ |
|--|--|--|
| Number of subscribers that the ETC attempted to recertify directly or through a state administrator, ETC access to a state database, or by USAC (This should equal the number reported in Block E) | Number of subscribers de- enrolled or scheduled to be de- enrolled as a result of non-response or ineligibility | Percentage of subscribers de-enrolled or scheduled to be de-enrolled as a result of ineligibility or non-response |
| 2099 | 1350 | 64% |

Section 4: Pre-Paid ETCs

All ETCs must complete the appropriate check-box; pre-paid ETCs must complete all of Section 4. Pre-paid ETCs generally do not assess or collect a monthly fee from their Lifeline subscribers. ETCs that only assess a fee but do not collect such fees are pre-paid ETCs and must complete the chart below.

| Is the ETC Pre-Paid? Yes | l No | |
|--------------------------|------|--|
|--------------------------|------|--|

If Yes, record the number of subscribers de-enrolled for non-usage by month in Block Q below.

| P | Q |
|-------------------|---------------------------------------|
| Month | Subscribers De-Enrolled for Non-Usage |
| January | |
| February | |
| March | |
| April | |
| May | |
| June | |
| July | |
| August | |
| September | |
| October | |
| November | |
| December | |
| Total Subscribers | SCHO HARROTETSKISKASTITUTSHINI SHE O |

Signature Block

| By signing | below, | I cert | tify tha | at the | company | listed a | above | is in | complianc | e with | all f | ederal | Lifeline | certif | ication |
|------------|--------|--------|-----------|--------|---------|----------|--------|-------|-----------|---------|-------|---------|-----------|--------|---------|
| procedures | . I am | an of | fficer of | of the | company | named | l abov | e. l | am author | ized to | o mal | ke this | certifica | tion | for the |
| Study Area | Code (| SAC) |) listed | labove | е. | | | | | | | | | | |

| gned, (My Milly | |
|---|--|
| Amture of Officer Clarks, Miller 1@T-Mobile.com | |
| Musil Address of Officer | |
| Rosenna Tse | |
| Person Completing This Certification Form | |

| Chris Miller , Vice President, T | ax |
|-----------------------------------|---------------|
| Printed Name and Title of Officer | - 113 2022 |
| Date | |
| 425-383-5905 | |
| Contact Phone Number | |

Affiliated ETCs

| SAC | Name |
|--|--|
| 219013 (Florida) | T-Mobile South LLC |
| 269024 (Kentucky) | |
| | Powertel/Memphis, Inc. and T-Mobile Central LLC |
| 369014 (Minnesota) 289029 (Mississippi) | T-Mobile Central LLC Powertel/Memphis, Inc. and T-Mobile South LLC |
| 499013 (New Mexico) | T-Mobile West LLC |
| | T-Mobile Northeast LLC, VoiceStream Pittsburgh LP and T-Mobile Central LLC |
| 179014 (Pennsylvania) | |
| 639003 (Puerto Rico) | T-Mobile Puerto Rico LLC |
| 449066 (Texas) | T-Mobile West LLC |
| 199016 (Virginia) | T-Mobile Northeast LLC |
| 529013 (Washington) | T-Mobile West LLC |
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